THE MINISTER OF HEALTH AND FAMILY WELFARE AND MINISTER OF WATER RESOURCES (SHRI A.R. ANTULAY): (a) and (b) Yes, Sir. Studies carried out by Sita Ram Bhartya Institute and All Institute of Medical Sciences have independently reported prevalence rates of around 10% for only coronary arteries diseases in men and women in Delhi. A higher prevalence of coronary artery diseases amongst immigrants of Indian Origin has, however, been reported from U.S.A. and other countries.

The reasons for increased burden of heart diseases are (i) increased life expectancy leading to greater number of adutls of 35 or more years of age. (ii) increased exposure of risk factors like obesite, sedentary habits and increased blood cholesterol due to lifestyle changes.

Health Education, Counselling to patients and provision/ augmentation of treatment facilities are among the measures introduced. A pilot Project for control of Cardio Vascular diseases has also been launched during the current financial year.

Election in Jammu and Kashmir

324. SHRI V. NARAYANASAMY: Will the PRIME MINISTER be pleased to state:

(a) whether any decision has been taken by Government for holding the elections to the Assembly of Jammu and Kashmir State; and

(b) if so, what is the date fixed for the purpose and the preparation being made in the matter?

THE MINISTER OF STATE IN THE PRIME MINISTER'S OFFICE (SHRI BHUVNESH CHATURVEDI): (a) No, Sir.

(b) Does not arise.

गरीबी के कारण मृत्यु और बीमारियां

325. **श्री नागमणि:** क्या **स्वास्थ्य और परिवार कल्याण** मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या विश्व स्वास्थ्य संगठन के अनुसार गरीबी मृत्यु और बीमारी होने का एक महत्वपूर्ण कारण है;

(ख) यदि हां, तो इस पर सरकार की क्या प्रतिक्रिया है; और

(ग) विश्व स्वास्थ्य संगठन ने गरीबी के कारण होने वाली मौतों को रोकने के लिए क्या कदम सुझाए हैं?

स्वास्थ्य और परिवार कल्याण मंत्री और जल संसाधन मंत्री (श्री ए०आर० अंतुले): (क) और (ख) विश्व स्वास्थ्य संगठन ने मृत्यु दर व रुग्णता दर के लिए उल्लेखनीय कारणों के रूप में गरीबी को उत्तरदायी ठहराया है। सरकार ने गरीब जनता के जीवन स्तर को ऊपर उठाने के उद्देश्य से निर्धनता रोधी बहुतेरे कार्यक्रम प्रारम्भ किए हैं।

(ख) विश्व स्वास्थ्य संगठन ने निर्धनता कम करने की जरूरत, स्वास्थ्य परिचर्या का न्यायसंगत प्राप्ति सुनिश्चित करने और विकास के समग्र ढांचे के अन्दर स्वास्थ्य हेतु एक स्थान निश्चित करने पर जोर डाला है।

उसने संक्रामक रोगों, 5 वर्ष से कम के शिशुओं में अतिसार, क्षयरोग, मलेरिया और खसरा जो निर्धनों की मौतों के प्रधान कारण हैं, का नियंत्रण करने की जरूरत पर बल दिया है।

Formulation of Renewable Energy Policy

326. SHRI SANJAY DALMIA: Will the Minister of PRIME MINISTER be pleased to state:

(a) whether Government propose to formulate a comprehensive renewable energy policy; and

(b) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF NON-CONVENTIONAL ENERGY SOURCES (PROF. P.J. KURIEN): (a) and (b) The Ministry Non-Conventional Energy Sources has initiated action for the formulation of comprehensive Renewable Energy Policy. The Policy

being worked out includes measures, such as incentives for generation and utilisation of renewable energy, mandatory installation and use of certain renewable energy systems etc., for promoting large scale development and utilisation of renewable energy in the country.

हिसार में केन्द्रीय विद्यालय खोला जाना

327. **श्री रामजी लाल:** क्या प्रधान मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार हिसार में केन्द्रीय विद्यालय खोलने का विचार रखती है; और

(ख) क्या सांसदों द्वारा इन विद्यालयों में दाखिले हेतु की जाने वाली सिफारिशों के कोटे की संख्या दो से बढ़ाकर दस कर दी जाएगी, यदि हां, तो कब तक?

मानव संसाधन विकास मंत्रालय (शिक्षा विभाग तथा संस्कृति विभाग) में राज्य मंत्री (कुमारी शैलजा): (क) जी, नहीं।

(ख) केन्द्रीय विद्यालय संगठन का ऐसा कोई प्रस्ताव नहीं है।

Non-Availability of Medicines in the Siddha CGHS Unit at Lodhi Colony

328. SHRI RAJNI RANJAN SAHU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that there are no medicines in the Siddha Unit of CGHS at Lodhi Colony for the last couple of months;

(b) if so, since when the medicines are not available and the reasons therefor;

(c) what steps have been taken for making the medicines available and by when medicines are likely to be made available; and

(d) what remedial measures have been taken or are proposed to be taken to avoid recurrence of such a situation in future?

THE MINISTER OF HEALTH AND FAMILY WELFARE & WATER RESOURCES (SHRI A.R. ANTULAY): (a) to (d) A temporary shortage of a few medicines was experienced. The procurement procedure has been streamlined and the availability position of medicines has improved considerably.

Functioning of Navyug Schools

329. SHRI GHUFRAN AZAM: Will the PRIME MINISTER be pleased to state:

(a) whether the attention of Government has been drawn to the news-item captioned "NDMC's Navyug School ridden with problems" as reported in the 'Pioneer' dated 6th Februrary, 1996;

(b) if so, whether the Principals of the Navyug Schools have been misappropriating funds and whether the rules have also been violated by them;

(c) if so, whether Government propose to probe the functioning of the Navyug Schools; and

(d) if so, by when and if not the reasons therefor?

THE MINISTER OF STATE (DEPARTMENT OF EDCUATION & DEPARTMENT OF CULTURE) IN THE MINISTRY OF HUMAN RESOURCE DEVELOPMENT (KUMARI SELJA): (a) Yes, Sir.

(b) As per the information furnished by New Delhi Municipal Council